## 2000 INDIVIDUAL REFUND TAX RETURN CITY OF CINCINNATI

WEBSITE: www.rcc.org/citytax REFUND DESK: (513) 352-2558



THIS SPACE IS FOR OFFICAL USE ONLY								
THIS RETURN IS TO BE USED TO FILE FOR A REFUND OF TAXES OVER-WITHHELD.  MAIL TO: CINCINNATI INCOME TAX BUREAU, P. O. BOX 5489 CINCINNATI, OH 45201- 5489								
-			YOUR SOCIAL S	ECURITY NUMBER		SPOUSE'S SO	CIAL SECURITY N	UMBER
AC	CCT #							
			YOUR FIRST NA	МЕ	YOUR LAST NA	AME		M.I.
			SPOUSE'S FIRST	NAME	SPOUSE'S LAS	ST NAME		M.I.
			STREET ADDRES	ss				
CO	MPLETE THE BLOCKS TO THE RIG	HT ONLY	CITY			STATE ZIP CO	DE	
IF 7	THIS SPACE IS BLANK OR THE PRE							
INI	FORMATION IS INCORRECT.							
RES	SIDENCY STATUS (CHECK ONLY ONE) ( ) FUI	LL YEAR RESIDENT (	) NON-RESID	ENT ( ) PART YE	AR RESIDENT	( FROM/_	/ TO	_/)
ADDRESS/ CITY WHERE				DAYTIME PH	ONE #			
ΕM	IPLOYED							
	<u> </u>							
	PLEASE COMPLE	TE BOTH THE A	DDRESS AN	D DAYTIME P	HONE NUM	IBER BLOC	CKS.	
1)	W-2 EARNINGS (GROSS WAGES, TIPS, SAI		pmg ) INGI UE	DE CODIEC OF AL	I W A FORM			
1)			,					<b>IJ.</b> └└└
	*IF YOU HAVE ANY ADDITIONAL TAXAE	SLE INCOME PLEAS	SE USE OUR RE	GULAK INDIVID	UAL IAX KEI	IURN*		
2)	LESS UNREIMBURSED EMPLOYER	E BUSINESS EXP	ENSE					
	{INCLUDE COPY OF FEDERAL FORM 2106(	EZ)}						
3)	ADJUSTED EARNINGS (LINE 1 MINUS	STIME 2) (EULL VEA	D DECIDENTS	SKID TO LINE 5)				$\Box\Box$
3)	ADJOSTED EARCHTOS (ERIE I WILLOW)	3 LIVE 2) (I OLL TLA	IK KLSIDLIVIS I	JKII TO EINE 3)				
4)	AMOUNT OF LINE 3 ALLOCABLE TO CINCINNATI FROM L-2-C					$\Box\Box$		
	(PART YEAR AND NON-RESIDENT	S ONLY)						
5)	CINCINNATI INCOME TAX 2.1%	( 021) OF LINE 4						$\neg \neg$
0)		(1021) 01 211(2 1						
6)	TOTAL CINCINNATI TAX WITHHE	LD BY EMPLOY	ER (S)					
7)	TOTAL INCOME TAXES PAID TO A	ANOTHER						
	CITY OR COUNTY (RESIDENTS OR PA	RT YEAR RESIDENT	S ONLY)					
8)	TOTAL TAX CREDIT (ADD LINES 6 AN	ND 7)						
9)	ENTER AMOUNT TO BE REFU	NDED (LESS TH	IAN \$5.00 WILL	NOT BE REFUNI	DED)			
I CERTIFY THAT I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.								
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE  May the C.I.T.B. discuss this return with the preparer shown to the left?  SIGNATURE OF TAXPAYER OR AGENT DATE							ATE	

( ) YES

NAME AND ADDRESS OF FIRM OR EMPLOYER

( ) NO

SIGNATURE OF SPOUSE



# CITY OF CINCINNATI INCOME TAX BUREAU

## **General Checklist for completion of 2000 Withholding Refund Requests**

Do not use this form if you made estimated tax payments, or if you had self-employment, rental, or partnership income for this tax year.

All of the following items (if applicable) must be submitted together to be considered a complete return. Returns with any of the required items missing will be considered incomplete. Unsigned or incomplete requests cannot be processed and will be returned to the sender. For additional information or assistance in completing this return, please call (513) 352-2558 or e-mail us at <a href="www.tax.webmaster@rcc.org">www.tax.webmaster@rcc.org</a>.

- The Cincinnati Individual Refund Tax Return must be complete and signed.
- A clear and complete copy of all applicable W-2 forms that include federal, state, and local information including the city (cities) for which local tax is withheld.
- Employer explanation for any difference between gross wages and the taxable amount per your W-2 form (the largest amount in Box 1, 5, or the total of all amounts in Box 20). Some items that may explain the difference are moving expenses, non-qualified plans and stock options. The portion of severance pay that is subject to Cincinnati tax is based on the percentage of Cincinnati earnings over total earnings for the period during which these benefits were earned. If sufficient data to establish this percentage is not available, the percentage will be developed using the employee's allocation percentages for the most recent three years.
- If you are claiming Employee Business Expenses, please submit a copy of Federal Form 2106 (EZ) with supporting schedules.

#### If you are a non-resident of Cincinnati:

- Complete Form L-2-C and itinerary of days worked outside of Cincinnati. The back of this form provides the itinerary format to be utilized. (Please refer to the bottom of Form L-2-C for instructions).
- If Form L-2-C is **NOT APPLICABLE** to your employment situation, you **must** provide a detailed written explanation of how your taxable income was calculated.
- No credit is allowed for travel expenses, listed on Form 2106 (EZ) and associated with days worked outside Cincinnati.
- No credit is allowed for taxes paid to other cities.

#### If you are a resident of Cincinnati:

- You may not allocate days worked outside Cincinnati.
- Credit is allowed for taxes paid to other cities, but credit is limited not to exceed 2.1% of the income that is subject to the other cities' tax. You must provide documentation of these payments (W-2 and/or other city tax return).

### ITINERARY OF DAYS WORKED OUTSIDE CINCINNATI

PLEASE LIST INDIVIDUAL DATES AND LOCATIONS IN CHRONOLOGICAL ORDER (COPY IF ADDITIONAL SHEETS ARE NEEDED)

Date	Location	Date	Location	Date	Location
		1		1	

TOTAL DAYS \_\_\_\_ TOTAL DAYS \_\_\_\_

### FORM L-2-C

COMPLITATION OF TAXABLE INCOME FOR THE VEAR ENDED

A sepa	rate f	orm must be completed for each employe	<u>r</u> . (Attach this form to y	ing both in and out of the City of Cincinnati. our Cincinnati tax return)			
NAMEADDRESSNAME OF EMPLOYER			SOCIAL SECURITY NO				
			CITY/STATE	ZIP CODE			
			(Complete form using black or blue ink only)				
PART	ľ	ALLOCATION OF WAGE AND SA	ALARY INCOME TO	THE CITY OF CINCINNATI			
1)	TOT	AL DAYS IN YEAR	• • • • • • • • • • • • • • • • • • • •				
2)	NON	N-WORKING DAYS					
	a)	SATURDAYS AND SUNDAYS NO	Γ WORKED				
	b)	HOLIDAYS	,				
	c) SICK LEAVE USED						
	d) VACATION						
	e)	OTHER NON-WORKING DAYS	•••••				
	f)	TOTAL NON-WORKING DAYS (To	otal Lines 2a through 2e)	)			
3)	TOT	AL DAYS WORKED DURING THE Y	EAR (Line 1 minus Line	e 2f)			
4)	TOT	AL DAYS WORKED <u>OUTSIDE</u> THE O	CITY OF CINCINNATI	I PER ITINERARY $\Box$ $\Box$			
5)	DAY	YS WORKED WITHIN THE CITY OF C	CINCINNATI (Line 3 m	inus Line 4)			
6) CINCINNATI ALLOCATION PERCENTAGE (Line 5 divided by Line							
-,		(Enter this percentage on Line 4 of the	•				
PART Sales				CITY OF CINCINNATI citation at the customer's place of business.			
Sales 1	esulti	ng from phone or mail solicitations from	a Cincinnati location ar	e not sales outside Cincinnati.			
1)	TOT	AL SALES MADE		\$			
2)	SAL	ES MADE IN CINCINNATI		\$,,			
3)	SAL	ES MADE OUTSIDE CINCINNATI		\$ <b>,</b> _ <b></b>			
4)	CINO	CINNATI ALLOCATION PERCENTAC	BE (Line 2 divided by Li	ne 1)			
		(Enter this percentage on Line 4 of th	e Cincinnati tax return.)	)			
EMPL	OYE	E SIGNATURE		DATE			
		INSTRI	LICTIONS				

Wages and salaries earned outside Cincinnati - complete Part I

Commissions earned outside Cincinnati - complete Part II

Salaries and commissions - complete Parts I and II and provide the amounts of salary and commissions earned.

Part I Total days in the year must be 365 (leap years 366) unless the employment was for less than a full year. An explanation must be included.

If Line 2e is completed, an explanation must be included.

Line 4 - days worked outside Cincinnati

- 1) May not include days included on Lines 2a through 2e.
- 2) Provide an itinerary of dates and locations worked outside Cincinnati.

Part II Calculation is to be completed with the amount of sales made, not the amount of commissions received.

**IF FORM L-2-C IS NOT APPLICABLE TO YOUR EMPLOYMENT SITUATION**, you must provide a detailed written explanation of how your taxable income was calculated. Unsigned and/or incomplete requests cannot be processed and will be returned to sender.